POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_(handwritten)_		3/3/6/00
O.I.P.E. CLASSIFIER	RSD		
FORMALITY REVIEW	_(initials)_	716090	6/10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	Rejected		N		Non-elected
=	Allowed		I		Interference
−	(Through numeral)... Canceled		A		Appeal
÷	Restricted		O		Objected

Best Available Copy

Claim		Date							
Final	Original								
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If more than 150 claims or 10 actions
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